

Alma Communications Company

102 3rd St. P.O. Box 127 Alma, MO 64001
Office: (660) 674-2297 Fax: (660) 674-2613

DOCKET FILE COPY ORIGINAL

REDACTED - FOR PUBLIC INSPECTION

June 25, 2014

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 Twelfth Street S.W.
Room 5-A225
Washington, D.C. 20554

Received & Inspected

JUL 02 2014

FCC Mail Room

**RE: FCC FORM 481 – CARRIER ANNUAL REPORTING DATA COLLECTION
CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE
ORDER IN WC DOCKET NOS. 10-90, 07-0135, 05-337, 03-109, CC DOCKET NOS. 01-
92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL
COMMUNICATIONS COMMISSION (FILED IN DOCKETS 14-58 AND 11-42) AND
CONFIDENTIAL FINANCIAL INFORMATION FILED PURSUANT TO SECTIONS
.457 AND .459 OF THE FEDERAL COMMUNICATIONS COMMISSION RULES**

Dear Ms. Dortch:

Alma Communications Company (MO) ("Alma"), hereby submits the attached redacted and confidential versions of its "FCC Form 481 – Carrier Annual Reporting Data Collection" financial information pursuant to sections §54.313 and §54.422 of the Commission's rules, as filed with the Universal Service Administrative Company.

Section 3005 of Form 481 requires the filing of financial information per 47 C.F.R. §54.313(f)(2). Alma maintains that this information is "Confidential Financial Information" on the grounds that it is competitively sensitive information which could be used to disadvantage or harm Alma and is submitting this information pursuant to Protective Order, DA 12-1857 as described below. In addition, Alma is requesting confidential treatment pursuant to sections 0.457 and 0.459 of the Commission's rules for the Five-Year Service Quality Improvement Plan that is required by section 54.313(a)(1) to be attached to this report. Similar to the financial information submitted under section 54.313(f)(2), the information contained in the Five-Year Service Quality Improvement Plan contains competitively sensitive information, including but not limited to projected build-out plans and capital expenditures, that is secure from public access that could be used by a competitor to disadvantage or harm Alma.

No. of Copies rec'd 0+1
List ABCDE

Alma Communications Company
WC Docket No. 10-90
FCC Form 481 2015 Submission
June 25, 2014

First, Alma is submitting the 54.313(f)(2) "Confidential Financial Information" as a "Stamped Confidential Document" with each page bearing the legend CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-0135, 05-337, 03-109, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION and also submitting the .457 and .459 "Confidential Financial Information" as a "Stamped Confidential Document" with each page labeled "CONFIDENTIAL - NOT FOR PUBLIC INSPECTION". One copy of the "Stamped Confidential Document(s)" and accompanying cover letter are enclosed.

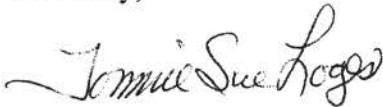
Second, Alma is submitting the "Stamped Confidential Document(s)" as a "Redacted Confidential Document" where the "Confidential Financial Information" has been redacted. Two copies of the "Redacted Confidential Document(s)" and accompanying cover letter with each page labeled "REDACTED - FOR PUBLIC INSPECTION" are enclosed. The redacted version is also being filed this date via the FCC's Electronic Comment Filing system.

Finally, Alma is submitting two copies of the "Stamped Confidential Document(s)" and accompanying cover letter to Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau, Federal Communications Commission, 445 Twelfth Street S.W., Room 5-A452, Washington, D.C. 20554.

FCC Form 481 was also filed prior to July 1st with the State Commission.

Please contact me with any questions you have on this filing.

Sincerely,



Tommie Sue Loges
Administrative Assistant

Tsl
Enclosures:

Cc: Charles Tyler, FCC Telecommunications Access Policy Division (2 copies, confidential)

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
OMB Control No. 3050-0386/OMB Control No. 3050-0319
July 2013

<010> Study Area Code 421860

<015> Study Area Name ALMA COMM. CO.

<020> Program Year 2015

<030> Contact Name: Person USAC should contact with questions about this data Tommie Loges

<035> Contact Telephone Number: 6606742297 ext. Number of the person identified in data line <030>

<039> Contact Email Address: tsloges@a1manet.net Email of the person identified in data line <030>

Received & Inspected

JUL 02 2014

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS

54,318	54,322
Completion Required	Completion Required

(check box when complete)

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice) 0		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband) 0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 421860mo510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 421860mo610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 421860mo1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	421860
<015>	Study Area Name	ALMA COMM. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tommie Loges
<035>	Contact Telephone Number - Number of person identified in data line <030>	6606742297 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	teloges@almanet.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

421860mo112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<010>	Study Area Code	421860
<015>	Study Area Name	ALMA COMM. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tommie Loges
<035>	Contact Telephone Number - Number of person identified in data line <030>	6606742297 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tsloges@almanet.net

[illegible]

(700) Price Offerings Including Volatility Rate Data
 Data Collection Form
 FRC Form 481
 OMB Control No. 3050-0081/OMB Control No. 3050-0081-9
 Issued 2013

<010>	Study Area Code	421860
<015>	Study Area Name	ALMA COMM. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tommie Loges
<035>	Contact Telephone Number - Number of person identified in data line <030>	6606742297 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tsloges@almanet.net

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

<p>(710) Broadband Price offerings</p> <p>Data collection form</p>	<p>ACC form 18a</p> <p>AMP Control No. 3060-0988 / AMP Control No. 3058-0989</p> <p>July 2013</p>
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<010>	Study Area Code	421860
<015>	Study Area Name	ALMA COMM. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tommie Loges
<035>	Contact Telephone Number - Number of person identified in data line <030>	6606742297 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tsloges@almanet.net

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

REF: Form 4528

OMB Control No. 3040-0586 / OMB Control No. 3050-0819

July 2013

<010>	Study Area Code	421860
<015>	Study Area Name	ALMA COMM. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tommie Loges
<035>	Contact Telephone Number - Number of person identified in data line <030>	6606742297 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	taloges@almanet.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

(d100) No Terrestrial Backhaul Reporting
Data Collection Form

PC Form 480

OMB Control No. 3050-0925/OMB Control No. 3050-0819

July 2013

<010>	Study Area Code	421860
<015>	Study Area Name	ALMA COMM. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tommie Loges
<035>	Contact Telephone Number - Number of person identified in data line <030>	6606742297 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tsloges@almanet.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

File Name: 4218
OMB Control No. 3010-0936/OMB Control No. 3010-0819
July 2013

<010>	Study Area Code	421860
<015>	Study Area Name	ALMA COMM. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tommie Loges
<035>	Contact Telephone Number - Number of person identified in data line <030>	6606742297 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	teloges@almanet.net

421860mo1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate of Return Filings Affiliated With Price Cap Local Exchange Carriers

ICC Form 485

OMB Control No. 3030-0086/OMB Control No. 3050-0819

July 2008

<010>	Study Area Code	421860
<015>	Study Area Name	ALMA COMM. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tommie Loges
<035>	Contact Telephone Number - Number of person identified in data line <030>	6606742297 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tsloges@almanet.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐

<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) RFR - OF RFR, 47 CFR 54.313(f)(2) - Addendum to Attachment

Data Collection Form

RFR Page 11

RFR - 47 CFR 54.313(f)(2) - Addendum to Attachment

RFR - 47 CFR 54.313(f)(2)

<010> Study Area Code 421860
 <015> Study Area Name ALMA COMM. CO.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Tommie Loges
 <035> Contact Telephone Number - Number of person identified in data line <030> 6606742297 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> taloges@almanet.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
 (3014) If yes, does your company file the RUS annual report

(Yes/No)
 (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

☒

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

421860mo3017.pdf

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)

☐

☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 487 OMB Control No. 3060-0085/OMB Control No. 3060-0084 Rev. 2012
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<010> Study Area Code	421860
<015> Study Area Name	ALMA COMM. CO.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tommie Loges
<035> Contact Telephone Number - Number of person identified in data line <030>	6606742297 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tsloges@almanet.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ALMA COMM. CO.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/25/2014
Printed name of Authorized Officer: Adolf Heins	
Title or position of Authorized Officer: Vice President	
Telephone number of Authorized Officer: 6606742297 ext.	
Study Area Code of Reporting Carrier: 421860	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification Agent/Carrier Data Collection Form	REG-7000-191 AIRR Form No. 3056-0936/OMB Control No. 3056-0183 Rev. 7/91
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<010> Study Area Code	421860
<015> Study Area Name	ALMA COMM. CO.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tommie Loges
<035> Contact Telephone Number - Number of person identified in data line <030>	6606742297 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	teloges@almanet.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: ext. _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: ext. _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Data Collection Form

REC-2011-4184

File Number: 3950-GF-G/MF/2014-2015 No. 3060-0819

July 2002

<010>	Study Area Code	421860
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<015>	Study Area Name	ALMA COMM. CO.
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<020>	Program Year	2015
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<030>	Contact Name - Person USAC should contact regarding this data	Tommie Loges
-------	---	--------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	6606742297 ext.
-------	---	-----------------

<039>	Contact Email Address - Email Address of person identified in data line <030>	telogee@almanet.net
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<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

(710) Broadband Price offering
 Data Collection Form
 Net Form 491
 OMB Control No. 3060-0936/OMB Control No. 3060-0639
 July 2013

OMB Control No. 0560-0925/OMB Control No. 2050-0829

<015>	Study Area Name	ALMA COMM. CO.
-------	-----------------	----------------

<030>	Contact Name - Person USAC should contact regarding this data	Tommie Loges
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tsloges@almanet.net
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[illegible]

Data Collection Form

PLATE 108

DMB Control No. 3050-0526 / DMB Control No. 3050-0819

1975 2055

<810>	Reporting Carrier	Alma Communications Co.
<811>	Holding Company	N/A
<812>	Operating Company	Alma Communications Co.

[illegible]

Alma Communications Co. (Alma)

SAC 421860

Missouri

FCC Form 481 – Line 510

Alma hereby certifies that it is complying with applicable service quality standards and consumer protection rules.

Description of Service Quality Standards and Consumer Protection Rules Compliance

- 1) Alma complies with the consumer protection, quality of service standard, service objective level, customer inquiry and customer dispute provisions of the state of Missouri as promulgated in Missouri Code of State Regulations 4 CSR 240 Chapters 32 and 33 (even though compliance with these regulations has been waived by the Missouri Public Service Commission). Alma is committed to providing the highest quality service to its customers.
- 2) For the protection of consumer privacy, Alma complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and Subpart Y, Truth in Billing Requirements for Common Carriers, and Federal Trade Commission Red Flag rules to prevent identity theft. A company manual for CPNI is in place, and employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

Alma Communications Co. (Alma)

SAC 421860

Missouri

FCC Form 481 – Line 610

Alma hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)1 and the Missouri Code of State Regulations.

Description of Functionality in Emergency Situations

- 1) Alma maintains a Disaster Recovery manual, which has been filed with the Missouri Public Service Commission.
- 2) Alma has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.
- 3) Specifically, Alma is a single wire center company, who operates a Fiber-To-The-Home (FTTH) network. Alma has a power system in the central office capable of supplying 48 volt power for a minimum of 8 hours with no outside power source. Alma also maintains a standby generator capable of running for an extended number of days. All ONT's at the customer premise have UPS power supply's capable of supplying 8 to 12 hours of DC power to the Optical Network Terminals (ONT's) with no outside power source. Back-up power supplies are tested and maintained as necessary. Alma takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its own network during such events.
- 4) Alma has the capacity for all customers to utilize the phone at the same time for local services. For all non local services, Alma connects through a meet point with two different Tandem offices. Alma's Switched traffic leaves the C.O. and is maintained on redundant fiber paths. Alma's Special Access and 9-1-1 traffic leaves the C.O. utilizing two different fiber paths which allows for redirection of traffic should one be disrupted. Prior to the meet point, both paths are joined and for a short distance, traffic is directed on Alma's facilities utilizing a linear path. Once handed off at the meet point to the Tandem provider, it is directed for a short distance on a linear path, but then redirected to complete on a redundant path. Building 100% redundant paths would be cost prohibitive.

Alma Communications Co. (Alma)

SAC 421860

Missouri

FCC Form 481 – Line 1010

LOCAL TELEPHONE SERVICE RATES	
Residential	Basic Monthly Rate
Basic Local	\$ 14.00
Relay MO	.08
Subscriber Line Charge	6.50
Access Recovery Charge	1.00
E911 Tax	2.10
Total Monthly Charge, Plus Applicable Taxes	\$ 23.68

Alma Communications Co. (Alma)

SAC 421860

Missouri

FCC Form 481 – Line 1210

Description of Lifeline Terms and Conditions

- 1) See below for Alma's Customer Application for Lifeline customers.
- 2) See below for the applicable pages from Alma's local tariff explaining the terms and conditions for Lifeline service.
- 3) All of Alma's Lifeline customers receive unlimited local calling minutes.
- 4) Alma provides toll calling equal access for all Lifeline customers to 18 interexchange carriers (IXCs). The rates, terms and conditions of their toll carrier offerings are made by the IXCs, not by Alma Telephone Company.

Alma Telephone Company

Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount of \$ 12.75. The Disabled program offers a \$3.50 monthly discount. To apply complete this form and also submit proof of eligibility.

Eligibility Criteria	
Lifeline Program	Disabled Program
<input type="checkbox"/> MO HealthNet (f/k/a Medicaid) <input type="checkbox"/> Supplemental Nutrition Assistance (Food Stamps) <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Low-Income Home Energy Assistance (LIHEAP) <input type="checkbox"/> Federal Public Housing Assistance (Section 8) <input type="checkbox"/> National School Free Lunch Program <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> 135% of the Federal Poverty Level <i>(See next page for income threshold requirements)</i>	<input type="checkbox"/> Veteran Administration Disability Benefits <input type="checkbox"/> State Blind Pension <input type="checkbox"/> State Aid to Blind Persons <input type="checkbox"/> State Supplemental Disability Assistance <input type="checkbox"/> Federal Social Security Disability <input type="checkbox"/> Federal Supplemental Security Income

Applicant's Full Name:	Birth Date:	Social Security # (last 4 digits):	DCN:*
Name on Voice Service Account (If different from Applicant):		Customer Contact Telephone Number:	
Customer's Full Residential Service Address (no P.O. Boxes): Street: City, Town, Zip:			
Is this address also my billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "no" please provide billing address):		Is this address a temporary address? Yes / No (circle the appropriate response) (If "yes" then must verify address every 90 days.)	

*This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.

I understand the following obligations and provisions about the Lifeline and Disabled programs:

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline or Disabled programs.

_____ I certify I have _____ individuals in my household.
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.

Signature of Customer

Date

Submit a completed signed form and proof of eligibility.

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$15,755	\$21,236	\$26,717	\$32,198	\$37,679	\$43,160	\$48,641	\$54,122	+ \$5,481/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

Company Use Only:

I hereby attest the applicant presented acceptable proof of eligibility:

Print name of company official

Signature

Date

LOCAL EXCHANGE TARIFFS

Lifeline (Low-Income) Program

A. General Regulations

1. Lifeline service is a discounted voice telephony service available to qualifying residential subscribers.
2. The monthly discount will be the maximum amount allowed by the Missouri Public Service Commission and the Federal Communications Commission; however, this discount will not exceed the sum of the federal subscriber line charge and the recurring charges for voice telephony service. The monthly discount will be the same for Lifeline customers solely subscribing to voice telephony service and for Lifeline customers subscribing to a bundle of services.
3. A Lifeline subscriber's voice telephony service will not be disconnected for non-payment of charges unless the subscriber fails to pay charges directly related to voice telephony service.
4. Lifeline service is available with optional toll blocking or toll limitation service restricting access to 1+, 0+ and 0- dialed calls at no charge.
5. A household is limited to one discount. A Lifeline subscriber cannot receive additional discounts for Lifeline service from another provider or through the Missouri Disabled program.

B. Eligibility and Subscriber Requirements

1. An applicant must submit a completed application form along with proof of meeting one of the following eligibility criteria:
 1. Missouri HealthNet (Medicaid)
 2. Food Stamps
 3. Supplemental Security Income (SSI)
 4. Federal public housing assistance (Section 8)
 5. Low Income Home Energy Assistance Program
 6. Temporary Assistance for Needy Families
 7. National School Free Lunch Program;
 8. The customer's income, as defined in 47 CFR Section 54.400(f), is at or below 135% of the Federal Poverty Guidelines, effective June 1, 2012.

Issued: March 15, 2012

Adolf L. Heins
Alma Telephone Co.
102 3d St
Alma, Mo 64001

Effective: April 14, 2012

FILED
Missouri Public
Service Commission
IO-2012-0301, JI-2012-0444

Lifeline (Low-Income) Program
Eligibility and Subscriber Requirements

2. A Lifeline subscriber must agree to notify the company within 30 days if:
 - i. The subscriber's household receives multiple discounts through either the Lifeline program and/or the Missouri Disabled program.
 - ii. The subscriber fails to meet eligibility criteria.
3. A Lifeline subscriber agrees to respond in a timely manner to annual requests to verify continued eligibility.
4. False statements made by a Lifeline subscriber or failure to comply with Lifeline service subscriber obligations will result in de-enrollment from the program.
5. The Lifeline subscriber's address must be the subscriber's permanent address. If the Lifeline subscriber's address is temporary then the subscriber must verify the subscriber's address every 90 days.

Missouri Disabled Program

A. General Regulations

1. The Missouri Disabled program offers a \$3.50 discount for voice telephony service to qualifying residential subscribers.
2. A household is limited to one discount. A subscriber cannot receive additional discounts from the Missouri Disabled program or through the Lifeline program.

B. Eligibility and Subscriber Requirements

1. An applicant must submit a completed application form along with proof of meeting one of the following eligibility criteria:
 - 1) Federal Social Security Disability benefits.
 - 2) Federal Supplemental Security income.
 - 3) Veterans Administration Disability benefits.
 - 4) State blind pension pursuant to Section 209.010 to 209.160 RSMo
 - 5) State aid to blind persons pursuant to Section 209.240 RSMo
 - 6) State supplemental payments pursuant to Section 208.030, RSMo Section 660.100.2 RSMo 2000.

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Missouri Disabled Program

2. A subscriber with the Missouri Disabled Program must agree to notify the company within 30 days if:
 - i. The subscriber's household receives multiple discounts from the Missouri Disabled Program and/or Lifeline program.
 - ii. The subscriber fails to meet eligibility criteria.
3. A subscriber to the Missouri Disabled Program agrees to respond in a timely manner to annual requests to verify continued eligibility.
4. False statements made by a subscriber or failure to comply with subscriber obligations will result in de-enrollment from the program.

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REDACTED – FOR PUBLIC INSPECTION

**Alma Communications Company
("Alma" or "Company")
FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN
Due July 1, 2014
Study Area Code 42-1860**

ATTACHMENT - LINE 112

"ATTACHMENT REDACTED IN ENTIRETY"